

# Request for an Amendment to a §1915(c) Home and Community-Based Services Waiver

## 1. Request Information

**A. The State of California** requests approval for an amendment to the following Medicaid home and community-based services waiver approved under authority of §1915(c) of the Social Security Act.

**B. Program Title:**

California Assisted Living Waiver

**C. Waiver Number:**CA.0431

Original Base Waiver Number: CA.0431.

**D. Amendment Number:**CA.0431.R03.09

**E. Proposed Effective Date:** (mm/dd/yy)

07/01/21

Approved Effective Date: 07/01/21

Approved Effective Date of Waiver being Amended: 03/01/19

## 2. Purpose(s) of Amendment

**Purpose(s) of the Amendment.** Describe the purpose(s) of the amendment:

As authorized by Section 9817 of the American Rescue Plan Act of 2021 (ARPA), California submitted its HCBS Spending Plan/Projection identifying key initiatives for certain Home and Community-Based Services (HCBS) programs. Utilizing the additional federal funding, California is proposing to eliminate the current Assisted Living Waitlist by implementing non-substantive modifications to the current waiver.

The purpose of this amendment is to increase the number of available participant slots by 7000.

## 3. Nature of the Amendment

**A. Component(s) of the Approved Waiver Affected by the Amendment.** This amendment affects the following component(s) of the approved waiver. Revisions to the affected subsection(s) of these component(s) are being submitted concurrently (*check each that applies*):

Component of the Approved Waiver	Subsection(s)
Waiver Application	
Appendix A Waiver Administration and Operation	
<input checked="" type="checkbox"/> Appendix B Participant Access and Eligibility	B-3
Appendix C Participant Services	
Appendix D Participant Centered Service Planning and Delivery	
Appendix E	

Component of the Approved Waiver	Subsection(s)
Participant Direction of Services	
Appendix F Participant Rights	
Appendix G Participant Safeguards	
Appendix H	
Appendix I Financial Accountability	
<input checked="" type="checkbox"/> Appendix J Cost-Neutrality Demonstration	J-2

**B. Nature of the Amendment.** Indicate the nature of the changes to the waiver that are proposed in the amendment (*check each that applies*):

Modify target group(s)

Modify Medicaid eligibility

Add/delete services

Revise service specifications

Revise provider qualifications

☒ Increase/decrease number of participants

Revise cost neutrality demonstration

Add participant-direction of services

Other

Specify:

## Application for a §1915(c) Home and Community-Based Services Waiver

### 1. Request Information (1 of 3)

**A.** The **State of California** requests approval for a Medicaid home and community-based services (HCBS) waiver under the authority of §1915(c) of the Social Security Act (the Act).

**B. Program Title** (*optional - this title will be used to locate this waiver in the finder*):

California Assisted Living Waiver

**C. Type of Request:** amendment

**Requested Approval Period:** (*For new waivers requesting five year approval periods, the waiver must serve individuals who are dually eligible for Medicaid and Medicare.*)

3 years ☒ 5 years

**Original Base Waiver Number:** CA.0431

**Waiver Number:** CA.0431.R03.09

**Draft ID:** CA.010.03.01

**D. Type of Waiver** (*select only one*):

Regular Waiver

**E. Proposed Effective Date of Waiver being Amended: 03/01/19****Approved Effective Date of Waiver being Amended: 03/01/19****PRA Disclosure Statement**

The purpose of this application is for states to request a Medicaid Section 1915(c) home and community-based services (HCBS) waiver. Section 1915(c) of the Social Security Act authorizes the Secretary of Health and Human Services to waive certain specific Medicaid statutory requirements so that a state may voluntarily offer HCBS to state-specified target group(s) of Medicaid beneficiaries who need a level of institutional care that is provided under the Medicaid state plan. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0449 (Expires: December 31, 2023). The time required to complete this information collection is estimated to average 160 hours per response for a new waiver application and 75 hours per response for a renewal application, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**1. Request Information (2 of 3)**

**F. Level(s) of Care.** This waiver is requested in order to provide home and community-based waiver services to individuals who, but for the provision of such services, would require the following level(s) of care, the costs of which would be reimbursed under the approved Medicaid state plan (*check each that applies*):

**Hospital**

Select applicable level of care

**Hospital as defined in 42 CFR §440.10**

If applicable, specify whether the state additionally limits the waiver to subcategories of the hospital level of care:

**Inpatient psychiatric facility for individuals age 21 and under as provided in 42 CFR §440.160**☒ **Nursing Facility**

Select applicable level of care

☒ **Nursing Facility as defined in 42 CFR ??440.40 and 42 CFR ??440.155**

If applicable, specify whether the state additionally limits the waiver to subcategories of the nursing facility level of care:

**Institution for Mental Disease for persons with mental illnesses aged 65 and older as provided in 42 CFR §440.140****Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) (as defined in 42 CFR §440.150)**

If applicable, specify whether the state additionally limits the waiver to subcategories of the ICF/IID level of care:

## 1. Request Information (3 of 3)

**G. Concurrent Operation with Other Programs.** This waiver operates concurrently with another program (or programs) approved under the following authorities

Select one:

☒ **Not applicable**

**Applicable**

Check the applicable authority or authorities:

**Services furnished under the provisions of §1915(a)(1)(a) of the Act and described in Appendix I**

**Waiver(s) authorized under §1915(b) of the Act.**

Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:

**Specify the §1915(b) authorities under which this program operates (check each that applies):**

☐ **§1915(b)(1) (mandated enrollment to managed care)**

☐ **§1915(b)(2) (central broker)**

☐ **§1915(b)(3) (employ cost savings to furnish additional services)**

☐ **§1915(b)(4) (selective contracting/limit number of providers)**

**A program operated under §1932(a) of the Act.**

Specify the nature of the state plan benefit and indicate whether the state plan amendment has been submitted or previously approved:

**A program authorized under §1915(i) of the Act.**

**A program authorized under §1915(j) of the Act.**

**A program authorized under §1115 of the Act.**

*Specify the program:*

**H. Dual Eligibility for Medicaid and Medicare.**

Check if applicable:

☒ **This waiver provides services for individuals who are eligible for both Medicare and Medicaid.**

## 2. Brief Waiver Description

**Brief Waiver Description.** *In one page or less*, briefly describe the purpose of the waiver, including its goals, objectives, organizational structure (e.g., the roles of state, local and other entities), and service delivery methods.

The Assisted Living Waiver (ALW) offers Medi-Cal eligible beneficiaries the choice of residing in an assisted living setting as an alternative to long-term placement in a nursing facility. The goal of the ALW is to facilitate nursing facility transition back into a homelike and community setting or prevent skilled nursing admissions for beneficiaries with an imminent need for nursing facility placement.

Assisted Living services from Tier one to five are provided to eligible participants who live in Residential Care Facilities for the Elderly (RCFE), Adult Residential Facilities (ARFs) or Public Subsidized Housing (PSH) sites. Services are delivered by either the RCFE staff or licensed Home Health Agency staff based on the participant's choice of residential setting.

Tier Five was added in an amendment just prior to this renewal. Tier Five is a community residential option for participants who have physical and mental disabilities that make being in other facilities, such as skilled nursing facilities, or in Tiers one through four of the ALW, inappropriate. Participants eligible for Tier Five services will require Nursing Facility Level of Care but will also exhibit severe mental/cognitive disabilities as a result of a traumatic brain injury. They will also have demonstrated one or more failed placements in the past.

Residential Habilitation is available to all tiers, requires prior approval from DHCS Nurse Evaluators and provides for additional, appropriate staff to assist in acquiring, retaining and improving the self-help, socialization and adaptive skills as needed by the participant. This may be one-to-one or some other ratio of staff-to-participant depending on need.

Augmented Plan of Care Development and Follow-up is available to tiers 4 and 5, requires prior approval from DHCS Nurse Evaluators and provides for additional, appropriate staff to have an increased level of contact with the participant. Documentation of this increased level of contact is required to be maintained in the participant's case file. The service is comprised of two parts:

- A behavior assessment or systematic assessment of a participant's behavior that includes a description of their functional and dysfunctional behaviors, the circumstances under which identified behaviors are exhibited and the factors that should be taken into account when developing a programmatic response to the behavior(s). This assessment is followed by the development of a written behavior plan; training personnel to implement the behavior plan; monitoring the effectiveness of the behavior plan; and modifying the plan as necessary. The written behavior plan shall identify those participants who need more structured approaches to address challenging behaviors (such as Residential Habilitation Services).
- Those care coordination activities described under "Care Coordination" plus additional assessment and determination of possible mental health and psychiatric service needs of the participant, including the prescription and management of psychiatric medications. The Care Coordination Agencies (CCA) shall work closely with the County Mental Health plans to coordinate mental health services and ongoing medication management. The increased level of contact with the participant and coordination with County Mental Health is expected to require approximately twice the contact and assistance as persons who receive the routine Care Coordination services.

Every waiver participant receives Care Coordination from an independent CCA. A Registered Nurse (RN) with the CCA administers a semiannual (every six months) assessment for level of care determination. The CCA develops the Individualized Service Plan (ISP) to identify the participant's needs and the methodology to meet those needs. The assisted living provider is either the RCFE, ARF or a Home Health Agency (HHA) in the PSH setting. The assisted living provider is responsible for meeting the needs of the participant, including Activities of Daily Living (ADLs) Instrumental ADLs (IADLs), meals, transportation, medication administration and skilled nursing as needed. The RCFE/ARFs are licensed and regulated by the California Department of Social Services, Community Care Licensing (CCL) Division. The HHA renders assisted living services in the PSH setting. The HHA is responsible for meeting the needs of the participant analogous to the RCFE/ARF. Meal preparation may be provided individually in each participant's apartment, or in a common dining area depending on the availability of common space at the PSH site. The HHAs are licensed and regulated by the California Department of Public Health, Licensing and Certification Division (L&C).

### 3. Components of the Waiver Request

The waiver application consists of the following components. *Note: Item 3-E must be completed.*

**A. Waiver Administration and Operation.** Appendix A specifies the administrative and operational structure of this waiver.

**B. Participant Access and Eligibility.** Appendix B specifies the target group(s) of individuals who are served in this waiver,

the number of participants that the state expects to serve during each year that the waiver is in effect, applicable Medicaid eligibility and post-eligibility (if applicable) requirements, and procedures for the evaluation and reevaluation of level of care.

**C. Participant Services.** **Appendix C** specifies the home and community-based waiver services that are furnished through the waiver, including applicable limitations on such services.

**D. Participant-Centered Service Planning and Delivery.** **Appendix D** specifies the procedures and methods that the state uses to develop, implement and monitor the participant-centered service plan (of care).

**E. Participant-Direction of Services.** When the state provides for participant direction of services, **Appendix E** specifies the participant direction opportunities that are offered in the waiver and the supports that are available to participants who direct their services. (*Select one*):

**Yes. This waiver provides participant direction opportunities. Appendix E is required.**

☒ **No. This waiver does not provide participant direction opportunities. Appendix E is not required.**

**F. Participant Rights.** **Appendix F** specifies how the state informs participants of their Medicaid Fair Hearing rights and other procedures to address participant grievances and complaints.

**G. Participant Safeguards.** **Appendix G** describes the safeguards that the state has established to assure the health and welfare of waiver participants in specified areas.

**H. Quality Improvement Strategy.** **Appendix H** contains the Quality Improvement Strategy for this waiver.

**I. Financial Accountability.** **Appendix I** describes the methods by which the state makes payments for waiver services, ensures the integrity of these payments, and complies with applicable federal requirements concerning payments and federal financial participation.

**J. Cost-Neutrality Demonstration.** **Appendix J** contains the state's demonstration that the waiver is cost-neutral.

#### 4. Waiver(s) Requested

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**A. Comparability.** The state requests a waiver of the requirements contained in §1902(a)(10)(B) of the Act in order to provide the services specified in **Appendix C** that are not otherwise available under the approved Medicaid state plan to individuals who: (a) require the level(s) of care specified in Item 1.F and (b) meet the target group criteria specified in **Appendix B**.

**B. Income and Resources for the Medically Needy.** Indicate whether the state requests a waiver of §1902(a)(10)(C)(i)(III) of the Act in order to use institutional income and resource rules for the medically needy (*select one*):

Not Applicable

No

☒ Yes

**C. Statewidelessness.** Indicate whether the state requests a waiver of the statewidelessness requirements in §1902(a)(1) of the Act (*select one*):

No

☒ Yes

If yes, specify the waiver of statewidelessness that is requested (*check each that applies*):

- ☒ **Geographic Limitation.** A waiver of statewidelessness is requested in order to furnish services under this waiver only to individuals who reside in the following geographic areas or political subdivisions of the state. Specify the areas to which this waiver applies and, as applicable, the phase-in schedule of the waiver by geographic area:

The ALW is currently implemented in the following counties: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Joaquin, San Mateo, Santa Clara, Sonoma and San Francisco Counties.

Additional Counties may be added in the future through an Amendment to this waiver.

**Limited Implementation of Participant-Direction.** A waiver of statewideness is requested in order to make *participant-direction of services* as specified in **Appendix E** available only to individuals who reside in the following geographic areas or political subdivisions of the state. Participants who reside in these areas may elect to direct their services as provided by the state or receive comparable services through the service delivery methods that are in effect elsewhere in the state.

*Specify the areas of the state affected by this waiver and, as applicable, the phase-in schedule of the waiver by geographic area:*

## 5. Assurances

In accordance with 42 CFR §441.302, the state provides the following assurances to CMS:

- A. Health & Welfare:** The state assures that necessary safeguards have been taken to protect the health and welfare of persons receiving services under this waiver. These safeguards include:
1. As specified in **Appendix C**, adequate standards for all types of providers that provide services under this waiver;
  2. Assurance that the standards of any state licensure or certification requirements specified in **Appendix C** are met for services or for individuals furnishing services that are provided under the waiver. The state assures that these requirements are met on the date that the services are furnished; and,
  3. Assurance that all facilities subject to §1616(e) of the Act where home and community-based waiver services are provided comply with the applicable state standards for board and care facilities as specified in **Appendix C**.
- B. Financial Accountability.** The state assures financial accountability for funds expended for home and community-based services and maintains and makes available to the Department of Health and Human Services (including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in **Appendix I**.
- C. Evaluation of Need:** The state assures that it provides for an initial evaluation (and periodic reevaluations, at least annually) of the need for a level of care specified for this waiver, when there is a reasonable indication that an individual might need such services in the near future (one month or less) but for the receipt of home and community-based services under this waiver. The procedures for evaluation and reevaluation of level of care are specified in **Appendix B**.
- D. Choice of Alternatives:** The state assures that when an individual is determined to be likely to require the level of care specified for this waiver and is in a target group specified in **Appendix B**, the individual (or, legal representative, if applicable) is:
1. Informed of any feasible alternatives under the waiver; and,
  2. Given the choice of either institutional or home and community-based waiver services. **Appendix B** specifies the procedures that the state employs to ensure that individuals are informed of feasible alternatives under the waiver and given the choice of institutional or home and community-based waiver services.
- E. Average Per Capita Expenditures:** The state assures that, for any year that the waiver is in effect, the average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures that would have been made under the Medicaid state plan for the level(s) of care specified for this waiver had the waiver not been granted. Cost-neutrality is demonstrated in **Appendix J**.
- F. Actual Total Expenditures:** The state assures that the actual total expenditures for home and community-based waiver and other Medicaid services and its claim for FFP in expenditures for the services provided to individuals under the waiver

will not, in any year of the waiver period, exceed 100 percent of the amount that would be incurred in the absence of the waiver by the state's Medicaid program for these individuals in the institutional setting(s) specified for this waiver.

**G. Institutionalization Absent Waiver:** The state assures that, absent the waiver, individuals served in the waiver would receive the appropriate type of Medicaid-funded institutional care for the level of care specified for this waiver.

**H. Reporting:** The state assures that annually it will provide CMS with information concerning the impact of the waiver on the type, amount and cost of services provided under the Medicaid state plan and on the health and welfare of waiver participants. This information will be consistent with a data collection plan designed by CMS.

**I. Habilitation Services.** The state assures that prevocational, educational, or supported employment services, or a combination of these services, if provided as habilitation services under the waiver are: (1) not otherwise available to the individual through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973; and, (2) furnished as part of expanded habilitation services.

**J. Services for Individuals with Chronic Mental Illness.** The state assures that federal financial participation (FFP) will not be claimed in expenditures for waiver services including, but not limited to, day treatment or partial hospitalization, psychosocial rehabilitation services, and clinic services provided as home and community-based services to individuals with chronic mental illnesses if these individuals, in the absence of a waiver, would be placed in an IMD and are: (1) age 22 to 64; (2) age 65 and older and the state has not included the optional Medicaid benefit cited in 42 CFR §440.140; or (3) age 21 and under and the state has not included the optional Medicaid benefit cited in 42 CFR § 440.160.

## 6. Additional Requirements

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*Note: Item 6-I must be completed.*

**A. Service Plan.** In accordance with 42 CFR §441.301(b)(1)(i), a participant-centered service plan (of care) is developed for each participant employing the procedures specified in **Appendix D**. All waiver services are furnished pursuant to the service plan. The service plan describes: (a) the waiver services that are furnished to the participant, their projected frequency and the type of provider that furnishes each service and (b) the other services (regardless of funding source, including state plan services) and informal supports that complement waiver services in meeting the needs of the participant. The service plan is subject to the approval of the Medicaid agency. Federal financial participation (FFP) is not claimed for waiver services furnished prior to the development of the service plan or for services that are not included in the service plan.

**B. Inpatients.** In accordance with 42 CFR §441.301(b)(1)(ii), waiver services are not furnished to individuals who are inpatients of a hospital, nursing facility or ICF/IID.

**C. Room and Board.** In accordance with 42 CFR §441.310(a)(2), FFP is not claimed for the cost of room and board except when: (a) provided as part of respite services in a facility approved by the state that is not a private residence or (b) claimed as a portion of the rent and food that may be reasonably attributed to an unrelated caregiver who resides in the same household as the participant, as provided in **Appendix I**.

**D. Access to Services.** The state does not limit or restrict participant access to waiver services except as provided in **Appendix C**.

**E. Free Choice of Provider.** In accordance with 42 CFR §431.151, a participant may select any willing and qualified provider to furnish waiver services included in the service plan unless the state has received approval to limit the number of providers under the provisions of §1915(b) or another provision of the Act.

**F. FFP Limitation.** In accordance with 42 CFR §433 Subpart D, FFP is not claimed for services when another third-party (e.g., another third party health insurer or other federal or state program) is legally liable and responsible for the provision and payment of the service. FFP also may not be claimed for services that are available without charge, or as free care to the community. Services will not be considered to be without charge, or free care, when (1) the provider establishes a fee schedule for each service available and (2) collects insurance information from all those served (Medicaid, and non-Medicaid), and bills other legally liable third party insurers. Alternatively, if a provider certifies that a particular legally liable third party insurer does not pay for the service(s), the provider may not generate further bills for that insurer for that annual period.

**G. Fair Hearing:** The state provides the opportunity to request a Fair Hearing under 42 CFR §431 Subpart E, to individuals:



(a) who are not given the choice of home and community-based waiver services as an alternative to institutional level of care specified for this waiver; (b) who are denied the service(s) of their choice or the provider(s) of their choice; or (c) whose services are denied, suspended, reduced or terminated. **Appendix F** specifies the state's procedures to provide individuals the opportunity to request a Fair Hearing, including providing notice of action as required in 42 CFR §431.210.

**H. Quality Improvement.** The state operates a formal, comprehensive system to ensure that the waiver meets the assurances and other requirements contained in this application. Through an ongoing process of discovery, remediation and improvement, the state assures the health and welfare of participants by monitoring: (a) level of care determinations; (b) individual plans and services delivery; (c) provider qualifications; (d) participant health and welfare; (e) financial oversight and (f) administrative oversight of the waiver. The state further assures that all problems identified through its discovery processes are addressed in an appropriate and timely manner, consistent with the severity and nature of the problem. During the period that the waiver is in effect, the state will implement the Quality Improvement Strategy specified in **Appendix H**.

**I. Public Input.** Describe how the state secures public input into the development of the waiver:

DHCS held stakeholder meetings on May 11, 2018 in Sacramento, California and May 22, 2018 in Los Angeles, California. The purpose of these meetings was to inform Assisted Living Waiver (ALW) stakeholders of the upcoming waiver renewal process, present DHCS' short-term and long-term goals for the ALW, and to request initial stakeholder input for DHCS' consideration in building the renewal application for stakeholder review and feedback. DHCS compiled feedback that was provided verbally during the stakeholder meetings, as well as written submissions to DHCS' ALW email inbox.

During the initial feedback process, stakeholders provided input on the following topics: additional waiver slots, enrollment ratio, clarifying program eligibility requirements, waitlist process, and reimbursement rates. DHCS took note of all feedback received and considered the following update for inclusion in the draft renewal application: Modified language around kitchenette and centralized shower requirements to reduce barriers to provider participation.

On September 7, 2018, an open invitation was posted on the ALW Waiver Renewal website (<https://www.dhcs.ca.gov/services/ltc/Pages/ALW-Renewal.aspx>) and Public Registrar to allow all waiver participants, advocates, providers of waiver services, and any other interested party, to provide public comment on the renewal of the ALW Waiver. An invitation was also e-mailed to all active providers and stakeholders inviting them to submit any questions or comments directly to DHCS via the main ALW inbox, [ALWP.IR@dhcs.ca.gov](mailto:ALWP.IR@dhcs.ca.gov). The invitations identified that the draft renewal application was available for review on the ALW Waiver Renewal website and that interested parties also had the option to contact DHCS to request a hard copy of the draft renewal application be mailed to them. The designated DHCS mailing address, phone, and email address contact information to request a hard copy of the draft renewal was provided. The public comment period was open from September 7, 2018 to October 7, 2018.

Tribal notice was not necessary for the renewal application, as per an email correspondence sent to Andrea Zubiate, Coordinator, DHCS Indian Health Program, on August 31, 2018, from Cynthia W. Lemesh, CMS Native American Contact, stating: "We (CMS) concur with the request for no tribal notice for the renewal."

DHCS received a total of 26 comments from 8 entities on the renewal application during the public comment period. All comments came from Care Coordination Agencies or provider/advocate groups. Major themes of the feedback and DHCS responses are summarized below:

- Clarifying eligibility requirements
  - o Comment: We view the no share of cost requirement as simply clarifying that beneficiaries with a Medically Needy eligibility determination must also have a zero share of cost in order to be able to participate in the ALW. Otherwise, beneficiaries with a Medically Needy eligibility determination who do have a share of cost would not be able to participate in the ALW. We appreciate DHCS' clarification.
  - o DHCS Response: DHCS concurs with the comment. To clarify, beneficiaries with a Medically Needy eligibility determination must also have a zero Share of Cost (SOC) in order to complete enrollment into the ALW. Beneficiaries with a Medically Needy eligibility determination who do have a SOC would not be able to enroll in the ALW. The County determines a beneficiary's SOC. Upon approval of an application for the ALW program, the CCA and/or member should contact the County to request a redetermination to an aid code that is absent SOC.
- Feedback on the enrollment/waitlist process
  - o Comment: The Department should notify applicants directly about their placement on the wait list, estimate of when an open slot will become available, and allow retroactive enrollments up to 3 months prior to the month of application for any time period during which the member met eligibility requirements.
  - o DHCS Response: DHCS notifies the Care Coordination Agencies (CCA) monthly as to where we are on the ALW Waitlist. It is our expectation, as outlined in the ALW Waitlist Policy and Procedures, that CCA's are tracking who they have on the waitlist along with the date that beneficiary was added to the waitlist. It would duplicate efforts for DHCS to provide updates to applicants. DHCS monitors CCAs to ensure they are contacting waitlist applicants to inform them of the status of the waitlist. In regard to retro enrollment, when a beneficiary is added to the ALW waitlist, a complete application has not been submitted, a nurse assessment has not been conducted and in some cases, the individual does not have Medi-Cal. Because of this we cannot retro date an enrollment to a beneficiary who may not have qualified for the ALW program at the time they were added to the waitlist.

DHCS did not make substantive changes to the renewal application in response to public comments. DHCS made the following minor revisions to the application in response to items raised by stakeholders:

- In the Major Changes section, clarified that the 60-day requirement for institutional transition is a new requirement,

not a revision.

- Included flexibility around bathroom/kitchenette requirements
- Updated the frequency of visits by the Department of Social Services to RCFE/ARF from every 5 years to annually.
- Updated reference to the California Community Transitions Program on pg. 112, specifically: "The ALW is working closely with the CCT program and it is anticipated that all additional NF transitions will be in conjunction with CCT while that program or successor program remains active."
- Updated NF Transition rate to reflect rate increases in Appendix I and Appendix J.

DHCS holds regular meetings to engage Care Coordination Agencies and provide technical assistance on program issues. DHCS strives to respond to public and provider input in a proactive manner as circumstances allow.

**J. Notice to Tribal Governments.** The state assures that it has notified in writing all federally-recognized Tribal Governments that maintain a primary office and/or majority population within the State of the State's intent to submit a Medicaid waiver request or renewal request to CMS at least 60 days before the anticipated submission date is provided by Presidential Executive Order 13175 of November 6, 2000. Evidence of the applicable notice is available through the Medicaid Agency.

**K. Limited English Proficient Persons.** The state assures that it provides meaningful access to waiver services by Limited English Proficient persons in accordance with: (a) Presidential Executive Order 13166 of August 11, 2000 (65 FR 50121) and (b) Department of Health and Human Services "Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" (68 FR 47311 - August 8, 2003). **Appendix B** describes how the state assures meaningful access to waiver services by Limited English Proficient persons.

## 7. Contact Person(s)

**A.** The Medicaid agency representative with whom CMS should communicate regarding the waiver is:

**Last Name:**

Joseph

**First Name:**

Billingsley

**Title:**

Chief,

**Agency:**

DHCS

**Address:**

1501 Capitol Ave.

**Address 2:**

PO Box 997437

**City:**

Sacramento

**State:**

California

**Zip:**

95899

**Phone:**

(916) 713-8389

Ext:

TTY

**Fax:**

E-mail:

**B.** If applicable, the state operating agency representative with whom CMS should communicate regarding the waiver is:

Last Name:

First Name:

Title:

Agency:

Address:

Address 2:

City:

State:

California

Zip:

Phone:

Ext:

TTY

Fax:

E-mail:

## 8. Authorizing Signature

This document, together with the attached revisions to the affected components of the waiver, constitutes the state's request to amend its approved waiver under §1915(c) of the Social Security Act. The state affirms that it will abide by all provisions of the waiver, including the provisions of this amendment when approved by CMS. The state further attests that it will continuously operate the waiver in accordance with the assurances specified in Section V and the additional requirements specified in Section VI of the approved waiver. The state certifies that additional proposed revisions to the waiver request will be submitted by the Medicaid agency in the form of additional waiver amendments.

Signature:

State Medicaid Director or Designee

Submission Date:

**Note:** The Signature and Submission Date fields will be automatically completed when the State

**Medicaid Director submits the application.****Last Name:**

Jacey

**First Name:**

Cooper

**Title:**

State Medicaid Director

**Agency:**

Department of Health Care Services

**Address:**

1501 Capitol Avenue, Ste. 6000

**Address 2:**

PO Box 977413, MS 0000

**City:**

Sacramento

**State:**

California

**Zip:**

95899-7413

**Phone:**

(916) 449-7400

Ext:

TTY

**Fax:**

(916) 440-7404

**E-mail:****Attachments**

jacey.cooper@dhcs.ca.gov

**Attachment #1: Transition Plan**

Check the box next to any of the following changes from the current approved waiver. Check all boxes that apply.

**Replacing an approved waiver with this waiver.****Combining waivers.****Splitting one waiver into two waivers.****Eliminating a service.****Adding or decreasing an individual cost limit pertaining to eligibility.****Adding or decreasing limits to a service or a set of services, as specified in Appendix C.****Reducing the unduplicated count of participants (Factor C).****Adding new, or decreasing, a limitation on the number of participants served at any point in time.****Making any changes that could result in some participants losing eligibility or being transferred to another waiver under 1915(c) or another Medicaid authority.****Making any changes that could result in reduced services to participants.**

Specify the transition plan for the waiver:

**Attachment #2: Home and Community-Based Settings Waiver Transition Plan**

Specify the state's process to bring this waiver into compliance with federal home and community-based (HCB) settings requirements at 42 CFR 441.301(c)(4)-(5), and associated CMS guidance.

*Consult with CMS for instructions before completing this item. This field describes the status of a transition process at the point in time of submission. Relevant information in the planning phase will differ from information required to describe attainment of milestones.*

*To the extent that the state has submitted a statewide HCB settings transition plan to CMS, the description in this field may reference that statewide plan. The narrative in this field must include enough information to demonstrate that this waiver complies with federal HCB settings requirements, including the compliance and transition requirements at 42 CFR 441.301(c)(6), and that this submission is consistent with the portions of the statewide HCB settings transition plan that are germane to this waiver. Quote or summarize germane portions of the statewide HCB settings transition plan as required.*

*Note that Appendix C-5 HCB Settings describes settings that do not require transition; the settings listed there meet federal HCB setting requirements as of the date of submission. Do not duplicate that information here.*

*Update this field and Appendix C-5 when submitting a renewal or amendment to this waiver for other purposes. It is not necessary for the state to amend the waiver solely for the purpose of updating this field and Appendix C-5. At the end of the state's HCB settings transition process for this waiver, when all waiver settings meet federal HCB setting requirements, enter "Completed" in this field, and include in Section C-5 the information on all HCB settings in the waiver.*

The state assures that this waiver amendment or renewal will be subject to any provisions or requirements included in the state's most recent and/or approved home and community-based settings Statewide Transition Plan. The state will implement any required changes by the end of the transition period as outlined in the home and community-based settings Statewide Transition Plan.

**Additional Needed Information (Optional)**

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Provide additional needed information for the waiver (optional):